

Substitute for form 1449A/PTO				<b>Complete if Known</b>	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>				Application Number	10/673,105
				Filing Date	09-26-2003
				First Named Inventor	Flockhart
				Art Unit	3691
				Examiner Name	AKINTOLA, OLABODE
Sheet	1	of	7	Attorney Docket Number	4366-113

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Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-kind Code <sup>2 (if known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee of Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>2</sup> , Number <sup>4</sup> , Kind Code <sup>3</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>5</sup>
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